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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) SPINE 3.0-448 CONT | | |
| Application Number 10/783,292 | | Filed February 18, 2004 | | |
| For INTERVERTEBRAL SPACER DEVICE HAVING A RADIALLY THINNING BELLEVILLE SPRING | | | | |
| Art Unit 3738 | Examiner | B. E. Pellegrino | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | | Fee \$120 \$450 \$1020 \$1590 \$2160 | Small Entity Fee \$60 \$225 \$510 \$795 \$1080 | \$ 120.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet. | | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,592</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | | |
| <u>Michael J. Doherty</u> Signature | | | <u>April 14, 2005</u> Date | |
| <u>Michael J. Doherty</u> Typed or printed name | | | <u>(908) 518-6337</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 14, 2005

Signature: Michael J. Doherty (Michael J. Doherty)